				Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOI Effective December 29, 1999							09 46850			08
	·		AS FILED - (Column 1)	SMA	LL ENTITY	OR	OTHER SMALL			
FC	R	NUME	BER FILED	EXTRA	RAT	E FEE	1	RATE	FEE	
ΒĄ	SIC FEE					San San San	345.00	OR		690.00
TO	TAL CLAIMS	3	39 minus 20= * / 2			X\$ 9	= 108	OR	X\$18=	
IND	EPENDENT CL	AIMS	8 minus 3 = * 5			X39:	= 195	OR	X78=	
MU	LTIPLE DEPEN	IDENT CLAIM	PRESENT	+130		OR	+260=			
* If	the difference	in column 1 i	s less than ze	TOTA	L 648	OR	TOTAL			
CLAIMS AS AMENDED - PART II							OTHER TH			
	Waller Willeland	(Column 1)	#3028 BANG CA	(Column 2) HIGHEST	(Column 3)	JIVIA		• On	SWALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9	= }	OR	X\$18≈	
AME	Independent	*	Minus	***	=	X39=	=	OR	X78=	
	FIRST PRESE	INTATION OF I	MULTIPLE DE	PENDENT CLAIM		+130	_ [	OR	+260=	
						TO		OR	TOTAL	
		(Column 1)		(Column 2)	(Column 3)	ADDIT. F	EE L	Jon	ADDIT. FEE	*
	2.2.2.40.2.2.2.2.2.9	CLAIMS	k (1974-1999)	HIGHEST	(Column 5)		LADDI	1		4001
AMENDMENT B		REMAINING AFTER AMENDMENT	# # # # # # # # # # # # # # # # # # #	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9:	=	OR	X\$18=	i 
	Independent	*	Minus	PENDENT CLAIM	=	X39=	-	OR	X78=	
	FINOT FRESE	NIATION OF I	NOLTIFLE DE	PENDENT CLAIM		+130:	=	OR	+260=	
		*				TOT ADDIT. F		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	AUDII. F	CC	•	ADDIT. FEET	
ပ		CLAIMS		HIGHEST			ADDI-	1		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE			RATE	TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=	= · }	OR	X\$18=	
	Independent	<b>*</b> .	Minus	***	= .	X39=			X78=	
	FIRST PRESE	NTATION OF N	MULTIPLE DEI	PENDENT CLAIM			<del></del>	OR	<b></b>	
* 1.	the entry in set	mn 1 is loss than	the entry in act	imp 2 write "O" in	lumn 3	+130=		OR	+260=	
** }	f the "Highest Nur f the "Highest Nu	mber Previously mber Previously	Paid For" IN THI Paid For" IN TH	imn 2, write "0" in co S SPACE is less tha IS SPACE is less tha r Independent) is the	in 20, enter "20." an 3, enter "3."	TOT ADDIT. Fi found in the	EE <b>L</b>		TOTAL ADDIT. FEE lumn 1.	

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:

09 668508

## Total Fee Calculation

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	Sim , C.;			211	ಟ್ಟ ಕಾಗುನ		
ತ <u>್ರವ</u> ಾಸ ಕೆಗೆದ್ದಾ ಕೆಂಡ	200000	20	12	2			<del></del> -
Tarat Claims > 19	200.00	<u> </u>	-1 <u>0</u> ×	100		• -	
to fee indini Claim (%)	<u> </u>	8	<u> </u>	[-7]		•	
Mate Cap Claim Prisons	204-114			73		•	<del></del>
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English Translation	+1:3						
TOTAL FEE GALCUL	17:174						·
Fees due upon filing (	de applicant	i.i.			•		
Total Filling Fees Due 4		<u>NN8.</u>	<u>(0)</u>				
Lass Filling Fees Subr	mined - Si	1016					
BALANCE DUE  Office of Initial Paten	= S M at Examination	1116	<u>-</u>		*		

Figure 7

FORM OIPE-PAM-01 (Rev. 12/97)